

January 1, 2004
Montana Medicaid Notice
DME Providers

January 2004 DMEOPS Fee Schedule Update

The current DME fee schedule (available in the *Fee Schedules* section of this DME web page) reflects the recent changes made to the Montana Medicaid reimbursement methodology in accordance with Montana Administrative Register No. 37-303. Such changes include incorporating current Medicare fee schedules for select procedure codes where a Medicare fee is available, and providing reimbursement based on reasonable submitted charges for other selected items/services.

Other changes include the addition/deletion of procedure codes by the Centers for Medicare and Medicaid Services (CMS). A three-month grace period applies to discontinued HCPCS codes through March 2004. This grace period applies to claims including 2003 discontinued codes for dates of service January 1, 2004, through March 31, 2004.

The intent of this fee schedule is not to be used as a resource for providers of DMEOPS in determining the appropriate HCPCS codes for items/services delivered. Providers of DMEOPS must refer to current publications based on official CMS up-to-date releases of HCPCS Level II codes, descriptions, and other relevant data.

If a provider of DMEOPS is unable to determine the appropriate code for a covered item/service from such publications, contact the manufacturer or distributor of the item/service for coding guidance. Providers may also contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for coding advice by calling 877-735-1326.

Contact Information

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958